

## AMENDMENT TRANSMITTAL FORM

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450Customer No.: 23696  
Attorney Docket No.: 990073  
In Re Application of: Tiedemann Jr.  
Serial Number: 09/395,300  
Filed: September 13, 1999  
Examiner: Melanie Jagannathan  
Group Art Unit: 2666

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JUN 21 2004

Technology Center 2600



Dear Sir:

Transmitted herewith for filing is a Response to Office Action in the above identified application.

| CLAIMS   | (a) Number<br>Remaining After<br>Amendment | (b) Highest<br>Number<br>Previously Paid<br>For | (c)<br>Extra<br>Claims | Large Entity Fee                      | Fee Paid |
|--|--|---|------------------------|---------------------------------------|----------|
| Total*   | 18   | 42  | 0                      | x \$18 =                              | \$0.00   |
| Independent**  | 4  | 8   | 0                      | x \$86 =                              | \$0.00   |
| Multiple Dependent Claim(s): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |   |                        | \$290                                 | \$0.00   |
| EXTENSION FEES   |  |   |                        | <input type="checkbox"/> One Month    | \$110    |
|  |  |   |                        | <input type="checkbox"/> Two Months   | \$420    |
|  |  |   |                        | <input type="checkbox"/> Three Months | \$950    |
| TERMINAL DISCLAIMER  |  |   |                        | \$110                                 | \$0.00   |
|  |  |   |                        | TOTAL FEE                             | \$0.00   |

\*If the number in column a is less than 20, enter 0 in column c.

\*\*If the number in column a is less than 3, enter 0 in column c.

4. ☐ Fee check in the amount of \$\_\_\_\_\_ is enclosed to pay for any claim and/or extension fees.
5. ☐ Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$0.00.
- The Commissioner is hereby authorized to charge payment of any additional fees which may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing.
6. ☒ The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization.

Date: June 10, 2004

Signature:

George J. Oehling, Reg. No. 40,471  
(858) 658-1761QUALCOMM Incorporated  
Attn: Patent Department  
5775 Morehouse Drive  
San Diego, California 92121-1714  
Telephone: (858) 658-5787  
Facsimile: (858) 658-2502

## CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))

I hereby certify that this correspondence is, on the date shown below, being:

## MAILING

- ☒
- deposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Depositor's Name: Christine Hughey  
(type or print name)

Signature:

Date: June 10, 2004

## FACSIMILE

- ☐
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Depositor's Name: \_\_\_\_\_  
(type or print name)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application

No. 09/395,300

Edward G. Tiedemann Jr.

Examiner: Melanie Jagannathan

Filed: September 13, 1999

For: Method and Apparatus for  
Overlaying Two CDMA Systems  
on the Same Frequency Bandwidth

) Group No. 2666

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RESPONSE TO OFFICE ACTION

Technology Center 2600

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Commissioner:

In response to the Office Action dated March 11, 2004, please amend the above-identified application as indicated below.

**CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))**

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(type or print name)

Date: June 10, 2004

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**FACSIMILE**

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